

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024283

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 305

Primary Registration District No. 6047

Registrar's No. 15

STATE FILE NUMBER

FILED JUL 9 1962

VS 300
Rev. 4/59

1 0920

2 0920

3

4 2

5 2

6

7 0

8 2

9 177X

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Charles

b. CITY (If outside corporate limits, give TOWNSHIP only)

Wentzville

Length of stay in 1b

2 Mo 6 days

c. FULL NAME OF (If NOT in hospital, give location)

Buckner Rd

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

ST Charles

c. CITY

OR

TOWN

Wentzville

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

Buckner Road

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Edward

Middle

Jenkins

Last

4. DATE

Month

Day

Year

June

30

1962

5. SEX

Male

6. COLOR OR RACE

Colored

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-11-1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10

19

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Monsanto Chemical

11. BIRTHPLACE (City and state or country)

Kansas City Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Julius Jenkins

13b. MOTHER'S MAIDEN NAME

Melissa Chatman

14. NAME OF HUSBAND OR WIFE

Endolyn Alton Wentzville MO

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

Yes

(If yes, give war or dates of service)

WW #1

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Endolyn Alton

Wentzville MO

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatous -

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma of Prostate

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April - 10 - 62 to June 30 '62

and last saw him alive on June 30 '62

Death occurred at

7:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. C. Schuchman

22b. ADDRESS

Troy Mo -

22c. DATE SIGNED

8/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

June 30, 1962

23c. NAME OF CEMETERY OR CREMATORY

Edgemont

23d. LOCATION (City, town, or county)

Anniston

(State)

Ala.

24. FUNERAL DIRECTOR

Jas. H. Randle & Son 3133 Bell Ave.

ST. LOUIS 6,

25. DATE RECD. BY LOCAL REG.

June 30, 1962

26. REGISTRAR'S SIGNATURE

Martin F. Puff

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1962
JUL 18 1962

AUG 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Esther H. Harris

Licensed Embalmer No.

4458

P. O. Address

4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.